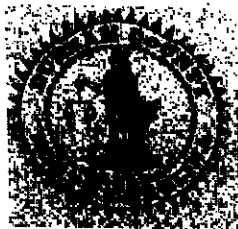


DURHAM COUNTY
BOARD OF ELECTIONS



NOTICE OF CANDIDACY
FOR MAYOR AND CITY
COUNCIL
2005

TO THE DURHAM COUNTY BOARD OF ELECTIONS:

I hereby file notice as a candidate for nomination as City Council
(Name of Office)
Ward 2, for the City of Durham in the regular Municipal Election to be held on the 8th of November,
2005.

3524 Rawdon Dr
Residence Address

Durham NC 27713
City, State, Zip

Mailing Address

City, State, Zip

Jason W. Maynard
Name as it will appear on Ballot

J
Signature of Candidate

919-360-4302 919-645-2986
Home Telephone Work Telephone

jason.maynard@electjason.org
Email Address

Certification of Notice of Candidacy

I hereby certify that JASON W. MAYNARD, the candidate who signed above, personally appeared
(Name as it will appear on Ballot)
before me this day and signed his/her signature to the above Notice of Candidacy or acknowledged his/her
signature to be the same.

This 5 day of Aug, 2005.

Signature of Certifying Officer

Notary / Director
Title of Certifying Officer

My commission expires: May 31, 2006

NOTICE TO CANDIDATES:

All Notices of Candidacy, together with the proper filing fee, must be in the possession of the County Board of Elections by NOON on FRIDAY, August 5, 2005, to be accepted. This does not mean in the mail at that time, and all Notices arriving after that time cannot be accepted. Business, corporate checks or cash are not acceptable.

FILING FEES

Mayor City of Durham\$156.70

City Council Ward I,II,III\$122.40

For Office Use Only

628 \$122.40
Check Number and Amount

346
Receipt Number

Received by

5 Aug 05
Date Received

Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Information			
a. Full Name		c. ID Number	
electjason.org			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
3524 Rawdon Dr Durham, NC 27713		Aug 5, 2005	
		e. Phone Number	
		919-360-4302	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Jason W. Maynard			
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
3524 Rawdon Dr Durham, NC 27713	City Council	ward 2	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Jason W. Maynard			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
3524 Rawdon Dr Durham, NC 27713			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-360-4302	jason.maynard@electjason.org		
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Code	d. Type

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Jason W. Maynard
Printed Name of Signer

Signature of Appointed Treasurer

Aug 5, 2005
Date



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director - Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

FILED BY:

Candidate Name:

Jason W. Maynard

Treasurer Name:

Jason W. Maynard

Treasurer Address:

3524 Rawdon Dr

(include city, state, & zip)

Durham NC 27713

Treasurer Phone:

919 360 4302

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy.

8/5/05
Date Signed

Jason W. Maynard
Signature of Candidate



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director - Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Threshold

FILED BY:

Committee Name:

electjason.org

Treasurer Name:

Jason W. Maynard

Treasurer Address:

3524 Rawdon Dr

(include city, state, & zip)

Durham NC 27713

Treasurer Phone:

919-360-4302

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$3,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$3,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

☐ I am withdrawing my Certification to remain under the \$3000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

8/5/05
Date Signed

[Signature]
Signature